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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
02650/100F807-US2

In re Application of Scott S. Campbell et al.

Application Number
10/690.483

Filed	October 20, 2003
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For REM SLEEP AUGMENTATION WITH EXTRA-OCULAR LIGHT

Art Unit	N/A	Examiner	Not Yet Assigned
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | | |
|-------------------------------------|----------------------------------|----|----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ | |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | |
| <input checked="" type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | 1,480.00 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ | |

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 740.00 .
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 .

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 54,781
☐ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a)

August 6, 2004

Date _____

(212) 527-7700

Telephone Number

Signature

Jason C. Chumney

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of _____ forms are submitted.

Express Mail Label No.

Dated: _____